PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10000060

		l (Colui	mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY					
TOTAL CLAIMS			2,8				Γ	RATE	FEE		RATE	FEE	İ
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			38 minus 20=		* 15			X\$ 9=		OR	X\$18=	324	I
INDEPENDENT CLAIMS			minus 3 =		* /			X42=		OR	X84=	840 C	ŀ
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		ı
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in column 2		L	TOTAL		OR	TOTAL	11480	ŀ
	Ci	LAIMS AS A	MENDE					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	_	SWALL			JIIALL		ł
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AIM	=		X42=		OR	X84=		
L	THS) PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+140=		OR	+280=		İ
					•			TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		1
		(Column 1)		(Colu	ımn 2)	(Column 3)		0011111 221					1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T 01 A1A	=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	II CLAIM		' [+140=		OR	+280=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
	Total	*	Minus	**		=		X\$ 9=	, , , ,	OR	X\$18=		1
	Independent	*	Minus	***		=] -	X42=		OR	X84=	 	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				IT CLAIM	1	J ├					 	\dashv
	If the enterior	4 in lace th	the entry in a	dumn 2 we	ite "O" in o	oluma 3		+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		4
	The "Highest Nur	mber Previously P	aid For" (Total	or Indepen	ident) is th	e highest numbe	er four	nd in the ap	propriate bo	x in co	olumn 1.		